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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/031,668
Filing Date	January 18, 2002
First Named Inventor	Stefan Lundgren
Group Art Unit	3714
Examiner Name	Steven L. Ashburn
Total Number of Pages in This Submission	18
Attorney Docket Number	230.014

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form  <input checked="" type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment /Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Notification of Missing Requirements Under 35 USC 371 <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application)  <input type="checkbox"/> Formal Drawings <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Statutory Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	David D. Stein, Registration No. 40,828 Boyle, Fredrickson, Newholm, Stein & Gratz, S.C. Customer No.: 23598
Signature	
Date	October 5, 2004

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on this date:

Type or printed name	Dawn M. Oleszak
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Date	October 5, 2004

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OCT 8 2004  
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PATENT & TRADEMARK OFFICE  
**FEE TRANSMITTAL  
for FY 2004**

Patent fees are subject to annual revision.

Applicant Claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** **(\$215.00)**

Complete if Known	
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METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)																																																																																																																																			
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input type="checkbox"/> Deposit Account Deposit Account Number: 50-1170 Deposit Account Name: Boyle, Fredrickson, Newholm, Stein & Gratz S.C.				<b>3. ADDITIONAL FEES</b> <table border="1"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> <th colspan="2">Fee Paid</th> </tr> <tr> <th>Fee</th> <th>Fee</th> <th>Fee</th> <th>Fee</th> </tr> </thead> <tbody> <tr> <td>105</td> <td>130</td> <td>205</td> <td>65 Surcharge – late filing fee or oath</td> </tr> <tr> <td>127</td> <td>50</td> <td>227</td> <td>25 Surcharge – late provisional filing fee or cover sheet</td> </tr> <tr> <td>139</td> <td>130</td> <td>139</td> <td>130 Non-English specification</td> </tr> <tr> <td>147</td> <td>2,520</td> <td>147</td> <td>2,520 For filing a request for ex parte reexamination</td> </tr> <tr> <td>112</td> <td>920*</td> <td>112</td> <td>920* Requesting publication of SIR prior to Examiner action</td> </tr> <tr> <td>113</td> <td>1,840*</td> <td>113</td> <td>1,840* Requesting publication of SIR after Examiner action</td> </tr> <tr> <td>115</td> <td>110</td> <td>215</td> <td>55 Extension for reply within first month</td> </tr> <tr> <td>116</td> 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SUBMITTED BY		Complete (if applicable)		
Name (Print/Type)	David D Stein	Registration No. (Attorney/Agent)	40,828	Telephone 414-225-9755
Signature	<i>David D Stein</i>			Date 10/05/2004

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